

~~AMENDMENT SPECIFICALLY~~
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	09/869869	FILING DATE
APPLICANT(S)		

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	1					
TOTAL DEP.	32	←	←	←		
TOTAL CLAIMS	33					

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.		←	←	←
TOTAL CLAIMS				